System for Certification of Alcohol and/or Drug Counselors In the State of California

Certification Handbook
FOR: CADCA, CADC I & CADC II

Revised January, 1988
Revised April, 1988
Revised November, 1989
Revised July, 1990
Revised April, 1991
Revised January, 1992
Revised May, 1992
Revised January, 1993
Revised January, 1994
Revised January, 1995
Revised March, 1996
Revised March, 2001
Revised September, 2001
Revised June, 2003
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Revised March, 2007
Revised March, 2008
Revised November, 2008
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Revised, January, 2011
Revised, July, 2011
Revised, March, 2012

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ALCOHOL AND DRUG COUNSELOR (ADC) CAREER PATH:
The ADC manual must be completed by any candidate who is entering the CCBADC career path to become a Certified Alcohol/Drug Counselor after they complete the necessary education component. The career path is designed to assist individuals in becoming fully certified at the reciprocal level (the highest level of certification within the program is currently the CADC II.) Each level requires a certain amount of experience and/or evaluation (test) to advance to the next level. See chart below.

<table>
<thead>
<tr>
<th>RS/RRW</th>
<th>CADCA</th>
<th>CADC I</th>
<th>CADC II</th>
<th>LAADC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/ Recovery Worker (Registered)</td>
<td>Completed Previous Steps &amp; Education, &amp; Written Exam</td>
<td>Completed Previous steps &amp; has a Minimum of 4,000 hrs Experience</td>
<td>Completed Previous steps &amp; has a Minimum of 6,000 hrs Experience</td>
<td>MA Degree, 180 ADC Ed, 300 hrs Practicum &amp; 2,000 hrs Experience</td>
</tr>
</tbody>
</table>

CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE (CADCA)
(Formerly Registered Alcohol and Drug Intern (RADI).)

CRITERIA FOR CADCA STATUS: The education requirements include the minimum of 315 hours within the eight performance domains defined by the IC&RC Job Task Analysis as described in this manual in addition to a 255 hour supervised practicum (internship.)

- Performance Domain 1: Clinical Evaluation
- Performance Domain 2: Treatment Planning
- Performance Domain 3: Referral
- Performance Domain 4: Service Coordination
- Performance Domain 5: Counseling
- Performance Domain 6: Client, Family and Community Education
- Performance Domain 7: Documentation
- Performance Domain 8: Professional and Ethical Responsibilities

SUPERVISED PRACTICUM (INTERNSHIP.) This requirement includes 21 hours in each of the 12 Core Functions expected of the substance counselor, performed in an approved clinical setting and evaluated by a qualified supervisor.

CADCA STATUS CONDITIONS:
1. CADCA status will be granted for two (2) years.
2. CADCA status can be renewed for two (2) years. Renewal fee for CAADAC Member $100. Non-Member $645.00.
3. **Forms to be submitted for CADCA:** Application, Practicum Log, Internship Evaluation, and all required fees.
4. **Items to be submitted for initial CADCA status:** Signed Code-of-Ethics and Scope-of-Practice, official transcripts (original from college) (course descriptions, as stated in the syllabus of each course or listed in the official school catalog, to be furnished by the applicant, unless the applicant is taking the course in a CAADAC/CFAAP approved program. For any course taken at an institution, not CAADAC/CFAAP approved the applicant must furnish the course description.) Also to be furnished are letters of recommendation, two (2) peer letters of support (must be signed, dated, and typed), resume, and original photo (2”x2”) (copies not accepted)
5. **Submit portfolio review and written examination fees at the same time**

<table>
<thead>
<tr>
<th></th>
<th>CAADAC Member</th>
<th>Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Portfolio</td>
<td>$145.00</td>
<td>$265.00</td>
</tr>
<tr>
<td>b. Written Exam</td>
<td>$164.00</td>
<td>$240.00</td>
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</table>

**All fees are non-refundable.**

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**CERTIFIED ALCOHOL AND DRUG COUNSELOR-I (CADC-I)**

**CRITERIA FOR CERTIFICATION:**

I. The following minimum experience and education will be required of all applicants for **CERTIFIED ALCOHOL AND DRUG COUNSELOR (CADC-I):**

A. Meet all requirements of the CADCA certification; plus

B. Two (2) years of full-time supervised counseling experience as an alcoholism counselor or drug counselor or 4,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in 2.B.), 315 hours of "approved alcohol and drug training education in the eight performance domains" (including the 45 hours for supervised practicum course described in I.B.)

\[
\begin{align*}
315 \text{ hours} &= 270 \text{ class hours (6 classes)} \\
&\quad + 45 \text{ hours practicum class (7th class) total } = 300 \text{ Supervised Practicum} \\
4,000^* \text{ hours} &= 255 \text{ hours of field placement experience.}
\end{align*}
\]

Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 4,000 hours/two year supervised counseling experience requirement.

**NOTE:** If hours are for volunteer work - 4,000 hours of documented, supervised, volunteer alcohol and other drug counseling experience is equivalent to two (2) years of full-time employment.**

* A **maximum of 250 hours of an intern’s 4,000 required supervised counseling experience hours may be acquired in CAADAC approved workshops.**

C. Completion of 300 hours of education, supervised practicum to be divided as follows:

1. Supervised Practicum Course = 45 hours
2. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions.
   a. agency orientation = 3 hours
   b. core function areas = 252 hours
   Total = 300 hours

The areas of alcohol/drug counseling to be covered, known as "core functions," include:


The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees.

Evaluation forms submitted by:
1. Director of supervised field experience and/or
2. Supervisor/project director of employing agency
3. For those applicants who are self-employed, a letter of recommendation, in lieu of a supervisor’s evaluation form, from a current CADC-I, CADC-II, who is familiar with applicant’s work.
Letters of recommendation: Two (2) peer letters of support from coworkers/colleagues in the chemical dependency field.

Signed Code of Ethics and Scope of Practice

CERTIFIED ALCOHOL & DRUG COUNSELOR-II (CADC-II)  SEE CADC I

CRITERIA FOR CERTIFICATION:
I. Meet all of the requirements of CADCA and CADC I plus all of the following minimum experience and education will be required of all applicants for CERTIFIED ALCOHOL & DRUG COUNSELOR-II (CADC-II):

A. Three (3) years of full-time supervised employment as a chemical dependency counselor or 6,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in I.B.), 315 hours of “approved alcohol and drug training education in the eight performance domains” (including the 45 hours for supervised practicum course described in I.B.). For CADC II - EDUCATION IN LIEU OF EXPERIENCE: An associate’s degree in behavioral science may substitute for 1000 hours; a bachelor’s degree in behavioral science may substitute for 2000 hours; a master’s degree in behavioral science may substitute for 4000 hours.

315 hours = 270 class hours (6 classes)  
+ 45 hours practicum class (7th class)  
6,000* hours includes 255 hours of field placement experience.

Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 6,000 hours/three year work experience requirement.

* A maximum of 250 hours of an intern’s 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired.

B. Completion of 300 hours, supervised practicum to be divided as follows:
1. Supervised Practicum Course  =  45 hours
2. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions.
   a. agency orientation  =  3 hours
   b. core function areas  =  252 hours
   Total  =  300 hours

The areas of alcohol/drug counseling to be covered, known as "core functions," include:

NOTE: 6,000 hours of documented, supervised, volunteer or paid experience of alcohol and other drug counseling experience is equivalent to three (3) years of full-time employment.

The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees. Persons furnishing completed evaluation forms are to mail them directly to the address listed on the evaluation form or provide them in a sealed envelope to the candidate. Tampered envelopes will not be accepted. Evaluation forms submitted by:
1. Director of supervised field experience and/or
2. Supervisor/project director of employing agency
3. For those applicants who are self-employed, a letter of recommendation, in lieu of a supervisor's
evaluation form, from a current CADC-I, CADC-II, who is familiar with applicant's work.

II. Letters of recommendation: Two (2) peer letters of support from coworkers/colleagues in the chemical dependency field.

III. The applicant must document on the application form, or attached sheet, the completion of the required alcohol/drug training hours specified in Criteria for Certification. In addition to showing the hours of training on the application, documentation must be supplied in the form of copies of certificates issued, copy of degree (where applicable) or other documents supporting the applicant's required hours of training. Official transcripts may be sent by the applicant but must be in “official” envelopes as sealed by the educational institute. Tampered envelopes will not be accepted. It is the responsibility of the applicant to supply copies of the course descriptions from a course syllabus or catalog, unless the course is from a CFAAP approved program, in which case verification of the program status is required in addition to official transcript.

IV. A signed Code of Ethics and Scope of Practice must be included in applicant's portfolio.

ALL LEVELS OF CERTIFICATION CONDITIONS
1. Certification will be granted for two (2) years.
2. Certification is renewable upon application of the Board and meeting the requirements as set forth.
3. The CCBADC may refuse to act on the application if there is evidence of the individual not meeting the professional Code of Ethics or there is evidence of falsification of records or a current suspension/revocation as evidenced by the review process as required by state regulations.
4. Any certification denied, suspended or revoked by the CCBADC provides the applicant the ability to request an Appeal. Appeal requests must be submitted in writing to the CCBADC which will be reviewed by the board during its next board meeting.
5. Applicants applying for certification must live and/or work in the state of CA for at least 51% of the time to become certified at the reciprocal level.
6. Any person who is certified by CCBADC and fails to apply for renewal of certification has a period of one cycle (six months) to renew. Failure to do so will require a request for renewal be provided in writing which will be submitted for board review and resolution. The board meets four times per year, therefore, the request must be reviewed at the next scheduled board meeting. However, the expired certification will not be extended through this period and is considered expired.

APPLICATION AND EXAMINATION TIMELINES
Effective Jan 1, 2011: All written examinations are completed via computer based testing (CBT.) The paper/pencil examination is no longer offered by the CCBADC. Additionally, the CBT is scheduled ON-DEMAND!

Once the candidate submits the application, required documents and fees the CCBADC will conduct a review of the application.

If the application/portfolio is approved, the candidate will be notified in writing by the CCBADC within two weeks from the receipt of the application/portfolio and subsequently, the testing company will contact you via email notifying you to schedule your examination. The testing company will provide directions on how to schedule yourself for the exam at one of the approved CBT sites local to you.

If the application/portfolio is incomplete candidates will be notified by the CCBADC in writing within two weeks from the receipt of the application/portfolio and the letter will indicate specifically what is required to complete the application. Incomplete applications will result in the denial to take the written exam until such time the application/portfolio is complete.

All candidates have not more than six months from the date of receipt of your initial application/portfolio to ensure that all items required are submitted and within the same six month period candidates must take the exam. Candidates who do not provide such required documents and/or fees within the six months allotted will be required to remit written examination fees again.
CERTIFICATION FEE STRUCTURE

<table>
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<tr>
<th>Certification</th>
<th>CAADAC Special Member Rate*</th>
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</thead>
<tbody>
<tr>
<td>CAADAC Membership</td>
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<td>Portfolio Processing</td>
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<td>Paid when portfolio submitted</td>
</tr>
<tr>
<td>Written Exam</td>
<td>$240.00</td>
<td>Paid when portfolio submitted</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$505.00</strong></td>
<td><strong>$409.00</strong></td>
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- Advancement to CADC II $645.00 $175.00 Due when advancing
- Renewal of Certification $645.00 $175.00 Due when renewal packet submitted

*$30.00 CHARGE ON RETURNED CHECKS and/or DECLINED CREDIT CARDS

NOTE: **All fees are non-refundable.** Applicants for renewal of certification, in order to benefit and qualify for the discount offered in fees, must you show membership in CAADAC for the previous two (2) consecutive years. This does not restrict applicants for certification/renewal of certification of non-CAADAC members.

*Students and Registered Individuals do not qualify for member rates, must be individual member.

PROCEDURES FOR PORTFOLIO REVIEW & CERTIFICATION

CCBADC Responsibilities:

1. Hire and train staff to review all applications for certification and administer written certification examinations (if applicable per policies as outline by IC&RC.)
2. Ensure applications meet set requirements.
3. Review application appeals and/or requests and direct staff accordingly.
4. Abide by Bylaws, Articles of Incorporation and Administrative Agreements.
5. The process of application and the deliberations of the CCBADC are designed to determine whether the applicant meets the standards. That determination is the province and responsibility of the Certification Board, and in making application, the applicant agrees to submit to the Board’s procedures and to accept its determination.
6. When the application/portfolio and verification of education, letters of support, evaluation forms, and official transcripts and course descriptions (descriptions from syllabus or catalog, except in the case of courses from programs approved by CFAAP) has been approved by the CCBADC, the applicant will be notified of the time and place for the examination. This may take 4 weeks and is contingent on the application being complete in totality.
7. The CCBADC will first review the written documentation submitted by each candidate for certification.
8. Incomplete applications/portfolios will delay being pre-registered for the written examination.
9. The written examination is conducted throughout the year to assess the applicants knowledge and competencies. Results of the examination are kept confidential except as required by applicable law.
10. Upon passing the written exam, the applicant will be notified, in a timely manner, with his/her examination results.
11. Effective 6/30/2011 the CCBADC will no longer require an oral examination.
12. Upon passing the examination, a certificate will be awarded accordingly.
13. If a candidate fails the written exam, the applicant may reapply after 90 days as passed, he/she may reapply to take another examination.
14. The applicant will be charged the examination fee for each exam taken.
15. All certificants or candidates have the right to review their own certification records, except as noted by law. Certification complaints may or may not be released to the certificant in order to provide a safe mechanism for consumer protection. All request or file copies require a written request and a hold harmless statement be signed. Additionally, all documents remain the property of the Board and will not be released or shown to any party unless required by statute, law, policy or regulation. Copy files/document fees may apply.
DOMAINS, TASKS, KNOWLEDGE AND SKILLS
FOR THE CERTIFIED ADC COUNSELOR

The enclosed pages contain the domains, tasks, knowledge and skill area that make up the requirements of education and training. The contents listed in the course description must be completed with a minimum of 315 hours or 21 semester units of documented education and/or training. Education is defined as formal classroom education.

All required courses must be successfully completed with a letter grade of "C" or better, or a percentage of 75% or higher. Pass/Fail is no longer acceptable (effective January 1993.)

Colleges, universities and training companies responsible for field placement (practicum) contracts with agencies must monitor the quality of these agencies to determine that the field placement meets the minimum training standards in the 12 core areas.

Education must be specifically related to the knowledge and skills necessary to perform the tasks within each ICRC performance domain. All education must be documented. It is necessary that the practicum be a minimum of 45 hours and six (6) hours of education must be in professional ethics and responsibilities. The other domains, tasks and knowledge and skills content areas can be broken up and distributed in courses of varying length but must equal no less than the 315 minimum hours (21 semester units.)

* Supervised work experience is defined as experience in which the counselor receives clinical supervision.

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct observation of a counselor's clinical work.

The CCBADC will be looking for documented completion of requirements as described in the above paragraphs as meeting approved criteria. It will be the candidate's responsibility to know what areas of domains, tasks, knowledge and skill must be met in what minimums. This will be the definition of approved education and/or training.

Examination Content
The 2008 IC&RC Job Task Analysis identified eight performance domains for the Alcohol and Drug Counselor. Within each performance domain are several identified tasks that provide the basis for questions in the examination. The TAP 21 Competencies and the 12 Core Functions are contained within the domains. Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam booklet. The vignette questions on the examination is the basis for discontinuance of the Case Presentation/Oral Exam. Following is a brief outline of the domains and the tasks that fall under each domain.

Important Information Regarding Exam
In December 2011, IC&RC began using pretest items on its exams. Pretesting allows IC&RC to streamline its exam development process, provide much needed data on questions, and increase the security of its exams

On each IC&RC exam there are 25 “unweighted” items that do not count toward candidates' final scores. Unweighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. All exams are 150 questions in length, including the Advanced Alcohol and Drug Counselor (AADC), which was previously 175 questions.

For further information regarding pretest items please visit IC&RC’s website at the following link:
THE EIGHT PERFORMANCE DOMAINS:
- Domain I: Clinical Evaluation
- Domain II: Treatment Planning
- Domain III: Referral
- Domain IV: Service Coordination
- Domain V: Counseling
- Domain VI: Client, Family and Community Education
- Domain VII: Documentation
- Domain VIII: Professional and Ethical Responsibilities

RELATIONSHIP BETWEEN THE 12 CORE FUNCTIONS AND THE EIGHT DOMAINS

<table>
<thead>
<tr>
<th>Core Functions</th>
<th>Domain I, II, III, IV</th>
<th>Domain V</th>
<th>Domain VI</th>
<th>Domain VII</th>
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<tr>
<td>Screening</td>
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<td>Client Education</td>
<td>Case Management</td>
<td>Counseling</td>
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<tr>
<td>Intake</td>
<td>Orientation</td>
<td>Family Education</td>
<td>Referral</td>
<td>Intake</td>
<td></td>
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<tr>
<td>Assessment</td>
<td>Crisis Intervention</td>
<td>Comm Education</td>
<td>Record Keeping</td>
<td>Consultation</td>
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<td>Referral</td>
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<td>Consultation</td>
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<tr>
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<td>Treatment Planning</td>
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<tr>
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<td>Client Education</td>
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<td>Record Keeping</td>
<td>Consultation</td>
<td>Assessment</td>
<td>Record Keeping</td>
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</tbody>
</table>

**DOMAIN I: CLINICAL EVALUATION**

Task 1. Demonstrate effective verbal and non-verbal communication to establish rapport.

Task 2. Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.

Task 3. Assess client's current situation, including signs and symptoms of intoxication and withdrawal, by evaluating observed behavior and other available information to determine client's immediate needs.

Task 4. Administer the appropriate screening and assessment instruments specific to the client's age, developmental Level, culture, and gender in order to obtain objective data to further assess client's current problems and needs.

Task 5. Obtain relevant history and related information from the client and other pertinent sources in order to establish eligibility and appropriateness to facilitate the assessment process.

Task 6. Screen and assess for physical, medical and co-occurring disorders that might require additional assessment and referral.

Task 7. Interpret results of data in order to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action.

Task 8. Develop a written summary of the results of the assessment in order to document and support the diagnostic impressions and treatment recommendations.

**DOMAIN II: TREATMENT PLANNING**

Task 1. Discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.

Task 2. Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods based upon assessment findings for the purpose of facilitating a
course of treatment.

Task 3. Use ongoing assessment and collaboration with the client to review and modify the treatment plan to address treatment needs.

**DOMAIN III: REFERRAL**

Task 1. Identify client needs which cannot be met in the current treatment setting.

Task 2. Match client needs with community resources considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status to remove barriers and facilitate positive client outcomes.

Task 3. Identify referral needs differentiating between client self-referral and direct counselor referral.

Task 4. Explain to the client the rationale for the referral to facilitate the client’s participation with community resources.

Task 5. Continually evaluate referral sources to determine effectiveness and outcome of the referral.

**DOMAIN IV: SERVICE COORDINATION**

Task 1. Identify and maintain information about current community resources in order to meet identified client needs.

Task 2. Communicate with community resources concerning relevant client information to meet the identified needs of the client.

Task 3. Advocate for the client in areas of identified needs to facilitate continuity of care.

Task 4. Evaluate the effectiveness of case management activities through collaboration with the client, treatment team members, and community resources to ensure quality service coordination.

Task 5. Consult with the client, family, and concerned others to make appropriate changes to the treatment plan ensuring progress toward treatment goals.


**DOMAIN V: COUNSELING**

Task 1. Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, and problem solving.

Task 2. Educate the client regarding the structure, expectations, and limitations of the counseling process.

Task 3. Utilize individual and group counseling strategies and modalities to match the interventions with the client’s level of readiness.

Task 4. Continually evaluate the client’s level of risk regarding personal safety and relapse potential in order to anticipate and respond to crisis situations.

Task 5. Apply selected counseling strategies in order to enhance treatment effectiveness and facilitate progress towards completion of treatment objectives.

Task 6. Adapt counseling strategies to match the client's needs including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

Task 7. Evaluate the effectiveness of counseling strategies based on the client’s progress in order to determine the need to modify treatment strategies and treatment objectives.
Task 8. Develop an effective continuum of recovery plan with the client in order to strengthen ongoing recovery outside of primary treatment.

Task 9. Assist families and concerned others in understanding substance use disorders and utilizing strategies that sustain recovery and maintain healthy relationships.


**DOMAIN VI: CLIENT, FAMILY AND COMMUNITY EDUCATION**

Task 1. Provide culturally relevant formal and informal education that raises awareness of substance use, prevention, and recovery.

Task 2. Provide education on issues of cultural identity, ethnic background, age, sexual orientation, and gender in prevention, treatment, and recovery.

Task 3. Provide education on health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases.

Task 4. Provide education on life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.

Task 5. Provide education on the biological, medical, and physical aspects of substance use to develop an understanding of the effects of chemical substances on the body.

Task 6. Provide education on the emotional, cognitive, and behavioral aspects of substance use to develop an understanding of the psychological aspects of substance use, abuse, and addiction.

Task 7. Provide education on the sociological and environmental effect of substance use to develop an understanding of the impact of substance use on the affected family systems.

Task 8. Provide education on the continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery.

**DOMAIN VII: DOCUMENTATION**

Task 1. Protect client's rights to privacy and confidentiality according to best practices in preparation and handling of records, especially regarding the communication of client information with third parties.

Task 2. Obtain written consent to release information from the client and/or legal guardian, according to best practices and administrative rules, to exchange relevant client information with other service providers.

Task 3. Document treatment and continuing care plans that are consistent with best practices and applicable administrative rules.


Task 5. Prepare accurate and concise reports and records including recommendations, referrals, case consultations, legal reports, family sessions, and discharge summaries.

Task 6. Document all relevant aspects of case management activities to assure continuity of care.

DOMAIN VIII: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

Task 1. Adhere to established professional codes of ethics and standards of practice in order to promote the best interests of the client and the profession.

Task 2. Adhere to jurisdictionally-specific rules and regulations regarding best practices in substance use disorder treatment in order to protect and promote client rights.

Task 3. Recognize individual differences of the counselor and the client by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors influencing client behavior to provide services that are sensitive to the uniqueness of the individual.

Task 4. Continue professional development through education, self-evaluation, clinical supervision, and consultation in order to maintain competence and enhance professional effectiveness.

Task 5. Identify and evaluate client issues that are outside of the counselor's scope of practice and refer to other professionals as indicated.

Task 6. Advocate for populations affected by substance use and addiction by initiating and maintaining effective relations with professionals, government entities, and communities to promote availability of quality services.

Task 7. Apply current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
SUPERVISED FIELD WORK PRACTICUM

1. Definitions: Supervised Practicum Course

This is a 45 hour course offered by the institution in which students receive all other training or educational units. Students registered in this field practicum course meet on an ongoing basis for seminars, which are supervised and directed by an assigned instructor.

Supervised Field Work Practicum
This will consist of the 255 hours of practical experience performed at an agency approved by the above instructor, and is to begin during the course of the practicum class/classes and be completed within one year of the practicum class. The student must be under the direct supervision of a "qualified agency staff person," and supervision must be provided on a weekly basis. The agency will complete necessary evaluation forms to be sent to the course instructor before credit can be granted for the course.

2. Course Requirements: Supervised Practicum Course

This course consists of the 45 classroom hours taught by the assigned instructor. The course instructor will see that the student is enrolled in the course, and completes 255 hours at an "approved agency setting," where direct supervision is provided by a "qualified staff person." The instructor shall be available for consultation with the student should a problem arise at the agency. The instructor also will be an Intermediary among the agency, the student and the educational institution. The practicum of 255 hours is to begin during the 45 hour course of the practicum class/classes and be completed within one year of the practicum class.

3. Practicum Description:

The practicum consist of 300 hours (255 hours field setting and 45 hours classroom setting) of specialized and supervised field work practice in a selected setting that will afford interns the opportunity to develop and refine their knowledge and skills in chemical dependency counseling.

4. Philosophy and Rationale for the Practicum:

The application of values, knowledge and skills in the practice setting is essential to professional dependency counseling. The field work practicum, or internship, is the means by which students learn to apply and integrate the acquired knowledge and values, and to refine the skills that are taught in the classroom. This "learning by doing" practicum is the most taxing form of education, but it is essential to the adequate preparation for professional practice. In addition, the direct-practice contact hours are required for certification.

5. Learning Objectives:

The field work practicum is more than a simple observation, or the assignment of insignificant tasks. It is direct, hands-on experience in all areas of chemical dependency counseling. To complete the internship successfully, the intern must demonstrate knowledge, understanding and beginning competence in the following areas:

a. Professional identity, including self awareness and commitment to the values and ethics of the profession.

b. The application of knowledge in human behavior, group dynamics, cultural diversity, alcohol and other drugs of abuse, human sexuality and counseling approaches.

c. The dynamics of chemical and psychological dependency, including the category of drugs, their effects and complications, related psychosocial and medical problems, evaluation procedures and reference materials.

d. Treatment coordination, including continuity of care and referral, and follow-up services.

e. Legal and administrative statutes; rules and regulations, including commitment procedures and client's rights.

f. Counseling and intervention skills, including crisis intervention.

g. Assessment, planning and referral skills.

h. Case management and recording, including written and verbal communication skills.

i. Screening, intake and orientation procedures.

j. Client education and professional consultation.
6. Practicum Content:
During the first week of the internship, a minimum of three (3) hours will be devoted to a thorough orientation of the entire program of the host agency. The subsequent week of the internship, in the completion of the 300 hour practicum experience, will incorporate a variety of assignments that will give interns the opportunity to practice and accomplish the objectives of the program. Weekly agency supervisory meetings to discuss intern/student progress are required. Practicum course instructor will contract with the supervising agency and the student/intern to monitor quality assurance.

During the course of the internship, the intern/student will complete a minimum of twenty-one (21) hours of practice in each of the core function areas. At the completion of the internship, the intern will have documented a minimum of 252 total hours of actual experience in the core functions.

I. Supervised Practicum Course = 45 hours

II. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions

A. Core Function Areas = 252 hours
B. Agency Orientation = 3 hours

Total = 300 hours

7. Resources Materials:
Various books and journal articles directly related to chemical dependency counseling, and new information or direction in the field, will be assigned and reviewed during the course of the internship.

8. Learning Activities:
The supervisor, in coordination with the practicum instructor, will be responsible for appropriate assignments of learning activities and integrative experiences, including periodic reading assignments. However, the interns are responsible for self-monitoring their progress and for initiating self-learning tasks and readings within the constraints of the host agency.

9. Evaluation Procedures:
The agency supervisor, the practicum instructor and the intern/student will jointly complete both a written and verbal evaluation of the internship periodically during the practicum experience, and at the conclusion of the 300 hours of internship. The forms that follow are provided for documentation.

SUPERVISED FIELD WORK PRACTICUM LOG INSTRUCTIONS

A. Log the number of hours for each experience in performing the core function and document each with supervisor's signature. There must be a total of at least 21 hours per function area.

B. Original must be submitted with application packet. These forms may be duplicated if you had more than one supervised work experience. Your supervisor must sign and date each CORE FUNCTION, and complete the supervisor's information. Your instructor must complete the instructor's information. Your supervisor must sign the evaluation form.
Preparing for the ADC Examination

THE WRITTEN EXAM

The ICRC contracted with Schroeder Measurements Technologies (SMT) to develop, score and administer the International Certification Exam for Alcohol and Other Drug Abuse Counselors.

The development of a valid exam for the ICRC certification process begins with a clear and concise definition of the knowledge, skills and abilities needed for competent job performance. Using interviews, survey, observation, and group discussions, SMT works with experts in the field of alcohol and drug abuse to delineate critical job components. The 2005 ICRC Job Task Analysis and updated 2008 study have provided the analytical basis for test content. The test is based on what the alcohol and drug counselor does in practice. Therefore, the knowledge and skill bases for the questions in the exam are derived from the actual practice of the alcohol and drug counselor as identified in the 1991 and 1996 Role Delineation Study and most recently the Job Task Analysis (2008.)

EXAM CONTENT

The Role Delineation Study identified eight performance domains for the alcohol and drug counselor. Within each performance domain there are several identified tasks which provide the basis for questions in the exam. The eight domains are Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client, Family and Community Education, Documentation, Professional and Ethical Responsibilities.

Number of Examination Questions per Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>No. of Questions</th>
<th>Percent of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Clinical Evaluation</td>
<td>24</td>
<td>16%</td>
</tr>
<tr>
<td>II. Treatment Planning</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>III. Referral</td>
<td>10</td>
<td>6.6%</td>
</tr>
<tr>
<td>IV. Service Coordination</td>
<td>10</td>
<td>6.6%</td>
</tr>
<tr>
<td>V. Counseling</td>
<td>33</td>
<td>22%</td>
</tr>
<tr>
<td>VI. Client, Family &amp; Community Education</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>VII. Documentation</td>
<td>17</td>
<td>11%</td>
</tr>
<tr>
<td>VIII. Professional and Ethical Responsibilities</td>
<td>21</td>
<td>14%</td>
</tr>
</tbody>
</table>

There are a total of 150 Multiple choice questions in the exam. Three and one-half (3 1/2) hours are permitted to complete the exam. Effective June 2008 the AODA written examinations reflects updates to include the competencies that the oral exam tested previously. The AODA exam will incorporate a case study vignette with thirteen questions pertaining to the case. The exam will still consist of 150 questions. The exam remains 3 ½ hours long for paper pencil exam, and 3 hours for the Computer Based examination.

HOW TO PREPARE FOR THE EXAM

The questions on the written exam were developed from the tasks identified in the 2008 Job Task Analysis. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the job task statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks are listed in the Candidates Guide is free of charge and available to anyone interest in and eligible to take the written exam. The candidate guide is posted at http://internationalcredentialing.org/pub.asp.

The ICRC is no longer publishing its Study Guides for the written examination. However, the CCBADC refers individuals to the Getting Ready To Test Publications to better assist testing candidates prepare for the written exam. CCBADC/CAADAC has these available for purchase. Please contact the CCBADC/CAADAC office for appropriate fees 916.368.9412
RULES

1. No books, papers, or other reference materials may be taken into the examination room.
2. No examination materials or documents of any type are to be taken from the examination room.
3. No questions concerning the content of the examination may be asked during the examination period.
4. Candidates will be provided with specific instructions prior to the start of the examination by the Examination Proctor.

TEST DATES

The ICRC written exam is offered on a daily basis, but must be scheduled individually and in advance. The examination is now only offered via Computer Based Testing for the CCBADC and is offered at multiple sites throughout the state of California. To locate a test site, you may visit: http://isoqualitytesting.com/mlocations.aspx.

SPECIAL ACCOMMODATIONS

CCBADC Complies with the IC&RC ADA Policy as follows: Candidates must make the request by written means at a minimum of 60 days prior to examination scheduling for reasonable accommodations to be considered and provided if applicable. Qualified candidates requesting reasonable accommodations because of disabilities must provide (at their own expense) acceptable documentation of the condition/disability. Documentation must be provided that specifies the extent to which routine testing procedures needed to be modified. This will illustrate how these accommodations will prevent candidate’s disabilities from interfering with the opportunity to demonstrate his/her knowledge, skills or abilities on board-conducted professional licensing and/or certification examinations. In addition to submitting the request, candidates must provide all medical, psychological, or educational evaluations that were used by professional healthcare providers in determining any reasonable testing accommodations. Candidates that have had reasonable accommodations in their professional program of study also must have either the Department Chairperson of the professional program or the program’s Coordinator for Individuals with Disabilities, provide a letter. This letter shall explain the extent to which the candidate’s disabilities require reasonable testing accommodations, the types of accommodations made for the candidate while in study at the school, and the justifications for those reasonable accommodations.

TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

The counselor must be able to demonstrate competence within the practicum portion of the training process. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity.

I. SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria:
1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

II. INTAKE: The administrative and initial assessment procedures for admission to a program.

Global Criteria:
6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Observe appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

III. ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and; client’s rights.

Global Criteria:
9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, client obligations and rights.
11. Provide an overview to the client of program operations.

ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria:
12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients’ alcohol and other drug abuse and psycho-social history.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client’s substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client’s strengths, weaknesses and identified problems and needs.

IV. TREATMENT PLANNING: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria:
17. Explain assessment results to client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

V. COUNSELING: (Individual, Group and Significant Others); The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.

Global Criteria:
21. Select the counseling theory(ies) that apply(ies).
22. Apply technique(s) to assist the client, group and/or family in exploring problems and ramifications.
23. Apply technique(s) to assist the client, group and/or family in examining the client's behavior, attitudes and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

VI. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria:
28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

VII. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:
30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

VIII. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria:
33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

IX. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria:
35. Identify need(s) and or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

X. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client related data.

Global Criteria:
40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES:
Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:
43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

KNOWLEDGE’S

A. Human Behavior
1. Understanding the dynamics of:
   a. Psychological functioning
   b. Social Adaptation
   c. Physical Health
   d. Vocational Development
2. Attitudes, values and life-styles of various cultures and special populations.
3. How alcohol and drug use relates to human behavior, attitudes, values and life styles.
4. The relationships between human behavior, cultural influences, societal norms (including laws) and alcohol and/or other drug abuse.
5. Human sexuality, sexual dysfunction and sexual orientations and the importance of these factors.

B. Signs and Symptoms of Alcohol and Other Drug Abuse Including Pharmacological Factors
   1. The Categories of mood-altering drugs including alcohol and their related psychological and physiological effects.
   2. The effects of alcohol and other drug use, misuse and abuse in relationship to the following:
      a. Individual body chemistry
      b. Pregnancy
      c. Set
      d. Setting
      e. Dose
      f. Drug combinations
      g. Routes of administration
      h. Tolerance
      i. Withdrawal symptoms
   3. The complications resulting from the use of more than one mood-altering drug including cross tolerance, potentiation, multiple psychological and physiological dependence.
   4. The alcohol and other drug related psychological, physical and medical problems which may exist (Fetal Alcohol Syndrome, Organic Brain Syndrome, drug induced psychosis, etc.) and recognize the signs and symptoms indicating a need for other medical, psychological and social assessments.
   5. The components of the withdrawal syndrome and mechanisms of psychological and physiological dependence.
   6. The criteria for evaluation of dependence including the different development stages, signs and symptoms, as well as behavioral patterns of the alcohol and other drug dependent person during the progression through treatment and rehabilitation.
   7. Recognized pharmacological reference materials (for example, Physicians Desk Gillman's Pharmacological Basis of Therapeutics.)

C. Counseling Approaches, Philosophies, Methods and Objectives
   1. Different approaches to counseling, including the philosophies, methods and objectives of each approach.
   2. The practical application of these approaches to counseling:
      a. Individuals
      b. Significant Others (spouse, family, employer, etc.)
      c. Groups
   3. The implications of counseling approaches to clients from various ethnic, cultural, economic backgrounds and special populations.
   4. The philosophy, policies and practice of appropriate voluntary self-help groups.

D. Continuum of Care
   1. The mechanisms involved in coordinating a client's total treatment.
   2. The services (prevention, intervention, treatment, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service.
   3. The social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abuser, including client eligibility, referral procedures, follow-up mechanisms and limitation of each service.

E. Federal, State and Local Statutes, Administrative Rules and Regulations
   1. The limitations and applications of the statues; administrative rules and regulations, which directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures.
2. The statues, regulations and current judicial decisions in regard to the counselor's relationship to the client and his/her family, with respect to confidentiality and the Client's Bill of Rights.

F. State Alcohol and Other Drug Abuse Service System
1. The state resource agencies, organizations, facilities and centers which are directly concerned with alcohol and other drug use and abuse.
2. How to utilize these resources for obtaining information, materials, training and consultation.

SKILLS

G. Counseling
1. Communication skills
   a. Active Listening
   b. Leading
   c. Summarization
   d. Reflection
   e. Interpretation
   f. Confrontation
   g. Self-disclosure
2. Establishing an effective counseling relationship with the client by demonstrating:
   a. Warmth
   b. Respect
   c. Genuineness
   d. Concreteness
   e. Empathy
3. Working with individual clients and/or families and groups;
   a. Clarifying dysfunctional behavior and its ramification for the individual client.
   b. Motivating the client to actively participate in the counseling sessions and develop functional behavior.
   c. Developing and implementing individual counseling programs according to client needs.
   d. Problem-solving techniques, goal setting and decision making in conjunction with clients.
   e. Termination of counseling
4. Coordinating the designated continuum of services needed by the client.
5. Case follow-up.
6. The components of the withdrawal syndrome and mechanisms of psychological and physiological dependencies.
7. The criteria for evaluation of dependence including the different developmental stages, signs and symptoms, as well as behavior patterns of the alcohol and other drug dependent person during the progression through treatment and rehabilitation.
8. Recognized pharmacological reference materials (for example, Physician's Desk Reference, American Medical Association Drug Evaluations, and/or Goodman & Gillman's Pharmacological Basis of Therapeutics).

H. Counseling Approaches, Philosophies, Methods and Objectives
1. Different approaches to counseling, including the philosophies, methods and objectives of each approach.
2. The practical application of these approaches to counseling:
   a. Individuals
   b. Significant Others (Spouse, family, employer, etc.)
   c. Groups
3. The implications of counseling approaches to clients from various ethnic, cultural, economic backgrounds and special populations.
4. The philosophy, policies and practice of appropriate voluntary self-help groups.
I. Continuum of Care
1. The mechanisms involved in coordinating a client's total treatment.
2. The services (prevention, intervention, treatment, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service.
3. The social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abusers, including the client eligibility, referral procedures, follow-up mechanisms and limitations of each service.

J. Federal, State and Local Statues, Administrative Rules and Regulations
1. The limitations and applications of the statues; administrative rules and regulations, which directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures.

CERTIFICATION RENEWAL FOR ALCOHOL AND/OR DRUG COUNSELORS IN THE STATE OF CALIFORNIA

SUMMARY OF PURPOSE and REQUIREMENTS FOR RENEWAL OF CERTIFICATION

The purpose of recertification, or renewal of certification, is to enhance the quality of alcoholism and drug abuse counseling delivered to the public and to meet the requirements for recertification by the ICRC. This is accomplished by restricting continuing education courses; counseling skills (basic courses), including at the Masters level, may not be used. A total of 60 hours of continuing education must be documented: at least 30 hours must be completed in work shops and seminars in advanced counseling skills and up to 30 hours may be obtained in professional development. Recertification is required every two years to conform to the ICRC requirement stand in support of the industry’s best practices. The CCBADC reviews such policies on a bi-annual basis.

CRITERIA FOR RENEWAL OF CERTIFICATION - EVERY TWO (2) YEARS

1. The applicant must have been certified previously by the California Certification Board of Alcohol and Drug Counselors (CCBADC) or have been granted reciprocity through the International Certification Reciprocity Consortium.

2. The applicant must submit a portfolio to CCBADC including:
   A. A complete application form for Renewal of Certification.
   B. Documentation on the application form, or attached sheet, of the completion of at least sixty (60) clock hours of education/training significant to the field of chemical dependency counseling. In addition to showing the hours on training on the application form, copies of certificates or transcripts verifying training/education must be attached to the application. Where a question exists about the relevancy of such training/education, the burden of responsibility falls on the applicant to demonstrate to CCBADC through further documentation (i.e., syllabus of course, workshop objectives, agendas, outcomes, letter from instructor, etc.) that such training should be considered valid and relevant toward fulfilling the applicant's recertification requirements. It is essential that the applicant include all copies (not originals) of certificates, further documentation, etc., with his/her portfolio for renewal of certification to CCBADC. Failure to do so may result in CCBADC denying renewal of certification to the applicant.

   Note: 1 CEH = 1 clock hour of continuing education
   1 Quarter Unit = 10 hours
   1 Semester unit = 15 clock hours
   3 Semester units = 45 clock hours
   C. A signed "Code of Ethics" form.
   D. A signed "Scope of Practice" form.

3. All materials for Renewal of Certification must be received by the CCBADC at the address below thirty (30) days prior to the scheduled date for renewal of certification.
4. Any person who is certified by the CCBADC and fails to apply for renewal of certification has a period of one cycle (six months) to renew his/her certification. Failure to do so will result in the need to apply for original certification. The current certification will not be extended through this period.

5. All materials sent to the CCBADC by the applicant for the portfolio becomes the property of the CCBADC.

6. The applicant must submit the appropriate fees at the time of application (all fees are non-refundable.)
   i. Renewal of Certification Fee for non CAADAC Members: $645.00
   ii. Special Fee for Members of CAADAC: $175.00

LATE FEES (effective 30 days after expiration date)
   ✦ For current members of CAADAC $70.00
   ✦ For non-members of CAADAC $138.00

7. The following criteria applies to those persons currently certified as a CADC-I electing to advance certification to CADC-II level:
   A. Documentation from a supervisor on letterhead verifying 2,000 hours of alcohol and drug counseling from date of issue of CADC-I.
   B. The applicant must submit the appropriate fees at the time of application (all fees are non-refundable).
      ✦ Advancement Fee: $645.00
      ✦ Special Fee for Members of CAADAC: $175.00
   C. This option of advancement does not effect certification dates. Renewal date remains the same.
   D. Advancement may be applied for at anytime:
      a. A person meets qualifications.
      b. When applying for renewal of certification CADC-I.

MAIL ALL CORRESPONDENCE TO: California Certification Board of Alcohol and Drug Counselors
3400 Bradshaw Rd., Suite B, Sacramento, CA 95827

RENEWAL OF CERTIFICATION HOURS - CLARIFICATION
(Total of 60 hours required)
60 minutes = 1 hour & 1 hour = 1 CEH
Preparation is 1 hour for 1 hour of presentation

CADCA REQUIREMENTS

I. ADVANCED EDUCATION: ALCOHOL/DRUG COUNSELING

CFAAP/CAADAC provider required minimum 30 hours. (You may submit advanced hours in lieu of the professional development hours, but not the other way around.)

A. Workshop/Seminars: Counseling Skills Basic courses including at Masters Level may not be used for renewal. Thirty Clinical Supervision hours will be accepted for CADCA ONLY; up to 30 hours Advanced or PDH (submit a letter on letterhead from Qualified Clinical Supervisor to verify Clinical Supervision hours.)
   ✦ Qualified supervisor definitions:
      A supervisor is defined as “Any CCS, CADC-I and CADC-II or any person who has documented education, training and experience that is *comparable to, or exceeds the above certifications."
      *Definition of comparable to:
         Any person with a Masters Degree in behavioral health discipline and three years on the job supervised experience in delivering counseling services consistent with the 12 core functions.
Any person with a Bachelors Degree in behavioral health discipline and five years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

Any person with an Associates Degree in a behavioral health discipline and seven years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

Any person with nine years on the job supervised experience in delivering counseling services consistent with the 12 core functions.

The 12 core functions include the following: (1) Screening, (2) Intake, (3) Orientation, (4) Assessment, (5) Treatment Planning, (6) Counseling (individual, group, and significant others), (7) Case Management, (8) Crisis Intervention, (9) Client Education, (10) Referral, (11) Reports and recordkeeping, (12) Consultation (with other professionals in regard to client treatment and services.)

B. Design/Implementation/Presentation of Alcohol/Drug Counseling topics for an approved CAADAC provider. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other education materials.)

C. Initial Oral Training by Approved ICRC/AODA Supervisors. (Document by submitting copy of Certificate.)

D. Ethics: Three (3) Hours advanced continuing education.

II. PROFESSIONAL DEVELOPMENT HOURS

(Provider number not required.) No more than 30 hours may be submitted in the following areas:

A. Design/Implementation/Presentation of Alcohol/Drug Counseling and related topic. Not an approved provider program. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other educational materials.)

B. In-service Education

   Formalized training within institutions such as clinics and treatment centers provided for the development/enhancement of skills. (Document by submitting letter of certificate verifying participation.)

C. Self-Improvement seminars, workshops, etc.

   Formal, organized workshop/training which focuses on personal and professional growth issues:
   1. Burnout workshop/seminar.
   2. Personal growth (identification of strength and limitations, stress management, relaxation, leisure time skill, proper nutrition, spirituality.)
   3. Relapse prevention.
   4. Professional growth (self-assessment, resources, professional behavior, support services; i.e., ACA, eating disorders, child abuse, etc., peer assistance).
   5. Instruction hours of retreat programs which meet the above criteria of professional development are accepted.

Included as Professional Development:

1. CAADAC Board of Directors Meeting Participation.
2. CCBADC Board of Directors Meeting Participation.
3. CAADAC Regional Meeting Participation.
4. Approved CAADAC/CCBADC/CADCEP Committee Volunteer Work. (Document by submitting letter or certificate verifying participation.)
5. Examinations performed by qualified CPM Evaluators/Commissioners.

Not included as Professional Development:

1. Volunteer 12 Step Work.
2. Volunteer Counseling at Step Houses/Service Centers.
3. 12 Step Meeting Attendance.
4. 12 Step Conference and Convention Attendance.
5. Group or individual counseling or psychotherapy.

**CADC I/II REQUIREMENTS**

**I. ADVANCED EDUCATION: ALCOHOL/DRUG COUNSELING**

E. Workshop/Seminars: **Counseling Skills Basic courses including at Masters Level may not be used for renewal.** Minimum of 30 hours must be completed in workshops and seminars in the counseling skill, and must be given by approved providers with current CAADAC approved provider numbers. It is the responsibility of the applicant to make sure that the workshop has an approved provider number. All documentation must have the approved CAADAC provider number and be in advanced alcohol/drug skills.

F. Design/Implementation/Presentation of Alcohol/Drug Counseling topics for an approved CAADAC provider. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other education materials.)

G. Initial Oral Training by Approved ICRC/AODA Supervisors. (Document by submitting copy of Certificate.)

H. **Ethics:** Three (3) Hours advanced continuing education.

**II. PROFESSIONAL DEVELOPMENT HOURS**

(Provider number **not** required.) No more than 30 hours may be submitted in the following areas:

B. **Design/Implementation/Presentation of Alcohol/Drug Counseling and related topic.** Not an approved provider program. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other educational materials.)

C. **In-service Education**

Formalized training within institutions such as clinics and treatment centers provided for the development/enhancement of skills. (Document by submitting letter of certificate verifying participation.)

C. **Self-Improvement seminars, workshops, etc.**

Formal, organized workshop/training which focuses on personal and professional growth issues:

1. Burnout workshop/seminar.
2. Personal growth (identification of strength and limitations, stress management, relaxation, leisure time skill, proper nutrition, spirituality.)
3. Relapse prevention.
4. Professional growth (self-assessment, resources, professional behavior, support services; i.e., ACA, eating disorders, child abuse, etc., peer assistance).
5. Instruction hours of retreat programs **which meet the above criteria** of professional development are accepted.

**Included as Professional Development:**

1. CAADAC Board of Directors Meeting Participation.
2. CCBADC Board of Directors Meeting Participation.
3. CAADAC Regional Meeting Participation.
4. Approved CAADAC/CCBADC/CADCEP Committee Volunteer Work. (Document by submitting letter or certificate verifying participation.)
5. Examinations performed by qualified CPM Evaluators/Commissioners.

**Not included as Professional Development:**

1. Volunteer 12 Step Work.
2. Volunteer Counseling at Step Houses/Service Centers.
3. 12 Step Meeting Attendance.
4. 12 Step Conference and Convention Attendance.
5. Group or individual counseling or psychotherapy.
DISCIPLINARY AND APPEAL PROCEDURES

PURPOSE

The following process is established to provide an avenue through which persons can file complaints about the professional conduct of certified alcohol and drug abuse counselors or an applicant to the CCBADC certification system. These policies and procedures are applicable only if the CA Department of Alcohol and Drug Program Administration notifies CAADAC/CCBADC that they do not have authority or jurisdiction to investigate and apply sanctions per regulations. (California Code of Regulations, Adoption of Chapter 8 (commencing with Section 13000), and Amendment of Sections 9846, 10125, and 10564, Division 4, Title 9, §13065 a-h) Therefore, the State Department of Alcohol and Drug Programs regulations are in full effect and shall be adhered to.

Prior to employing this process, persons are encouraged to attempt to resolve the situation through other means. If these means fail or do not satisfactorily resolve the circumstances, the ethical review process may be the appropriate vehicle for addressing the complaint.

ETHICS REVIEW COMMITTEE: POWERS AND FUNCTIONS

The convened Ethics Review Committee (ERC) has the authority to:

Investigate a complaint, mediating when possible; including forwarding all complaints to the CA Department of Alcohol/Drug Programs (ADP) for review, investigation, disposition, determination and action. If ADP lacks authority per regulations to investigate and/or apply corrective action or sanctions, the Ethics Review Committee will implement these policies and procedures to include:

1. Determine the validity of the complaint;
2. Conduct an investigation on valid complaints;
3. Recommend a disposition on a valid complaint to the Certification Board;
4. Dismiss invalid complaints.

ETHICS REVIEW COMMITTEE: RULES AND POLICY

The Ethical Review Committee has access to relevant files of counselors in the CAADAC office. The Ethics Review Committee (ERC) has the authority to review files for investigative purposes.

Except as allowable under regulations (California Code of Regulations, Adoption of Chapter 8 commencing with Section 13000, and Amendment of Sections 9846, 10125, and 10564, Division 4, Title 9, §13065 a-h.) all information and communications pertaining to the ethics (or administrative) review process shall be held confidential by Board members, Ethical Review Committee members, attorneys, and staff members.

The Ethical Review Committee may institute continuances on the time frames if necessary, however the Respondent, CCBADC Chair and Staff must be notified of such continuance. In the event the Complainant withdraws the complaint, the Ethical Review Committee reserves the right to proceed with an investigation and possible action in the interest of the profession.

WHO CAN FILE A COMPLAINT

Any person with a legitimate good faith complaint regarding a CCBADC certificant or registrant.

BASIS OF COMPLAINT

Complaints may be filed on current certificant or registrant or an applicant of the CCBADC certification system for a violation of the Code of Ethics.
FILING A COMPLAINT

Any individual may file a complaint by submitting a written complaint, which includes:

1. The full name and address of the individual submitting the complaint (the “Complainant”);
2. The full name, address and telephone number of the individual against whom the complaint is made (the “Respondent”); and
3. A concise statement of facts which clearly and accurately describes the allegations against the Respondent. Whenever possible, the Complainant shall identify the specific Principle in the Code of Ethics which has been violated and any witnesses to the violation.
4. The complaint must be signed by the Complainant.

The complaint shall be sent by first class, express, or priority mail to:

CCBADC
Ethics Review Committee
3400 Bradshaw Road, Suite B
Sacramento, CA 95827

Complainants must mail the complaint using an express mail service or USPS priority mail with tracking, though first class mail is acceptable. Once a complaint has been filed with the Ethics Review Committee, no one may attempt to influence members of the Committee (or either board; CAADAC/CCBADC or staff) regarding the complaint.

HANDLING OF THE FILED COMPLAINT

Once a written complaint is received by the Ethics Review Committee, the chairperson or his/her designate will determine if it has been filed in the proper form. If the complaint has not been filed in the proper form, it shall be returned to the Complainant with an explanation of why the complaint was not accepted and with recommendations of what is necessary to bring the complaint into compliance with these rules.

If the complaint has been filed in the proper form, the Ethics Review Committee chairperson will, within thirty (30) days after receipt of the complaint, assign the complaint to designated Committee members. Each complaint will also have a Committee member designated as point person. If necessary, the assigned point person may contact the Complainant to receive clarification regarding the complaint. If not filed in proper form, the case may be immediately dismissed by the Ethics Review Committee Chairperson and the Complainant will receive notification of such.

If the complaint is properly filed, the Respondent will be notified within 15 days, in writing that a complaint has been filed against him/her. The Committee shall meet within thirty (30) days after receipt of the complaint. The purpose of this first meeting will be to determine if the complaint merits consideration and investigation. If the Committee determines the complaint does not merit consideration or investigation, the Committee will dismiss it. The Respondent and Complainant will be informed in writing that the case was dismissed. If the case warrants consideration or investigation, the public database will be updated to indicate the registrants or certificants status as pending administrative review. (Per state regulations §13075)

Committee meetings may be held via electronic means such as web-cast, teleconferences etc. Additionally, communications to Complainant and/or Respondents may be sent via email, fax, postal service, delivery service or other like services. The Ethics Review Committee will do its best to accommodate Complainant’s and Respondent’s preferred communication method if reasonable to do so.

The Respondent may send written notice to the Ethics Review Committee at any time indicating the Respondent’s intent not to contest the complaint and may waive the right to undergo the investigative process. In such instance, the Ethics Review Committee will recommend a disposition and remand the case to the Chairman of the CCBADC (hereinafter “Certification Board Chair”) for ratification or other action within thirty (30) days of the receipt of the Respondent’s written statement to the Ethical Review Committee.
If a Respondent refuses to cooperate with the Ethics Review Committee at any point, the Committee may rule in favor of Complainant and may choose to suspend or revoke certification/registration until such time the Respondent cooperates. Respondent’s failure or refusal to accept mail or email communications or to report address changes or contact information will result in the Respondent being placed on suspension until contact is made (and confirmed) by the Ethics Review Committee or office staff. In such cases, the suspension will be upheld until such investigation and determination is completed, including appeal (if applicable.)

INVESTIGATION PROCEDURE

The Complainant and Respondent also shall be notified of their rights in relation to the investigation process. To include:

1. The right to testify and to present evidence verbally and/or by written statement signed under the following statement: “I declare and certify the foregoing to be true and correct under penalty of perjury and the laws of the State of California”. (The Ethics Review Committee may require testimony face to face, by written document, or telephonically.)
2. The right to have witnesses present testimony or provide evidence.
3. The right to be represented by counsel at one’s own expense. (Legal counsel is not allowed to speak on behalf of the Respondent, but may be present to advise his/her client.)
4. The right to request a postponement or a rescheduling of a hearing to give testimony. The Ethics Review Committee retains the right to deny postponement or rescheduling in its sole discretion; however, the Committee may offer a reasonable alternative if the Committee deems it is warranted, such as allowing written testimony.

INVESTIGATION POLICY

All written materials related to the complaint shall be maintained in the CCBADC office.

Failure of the Complainant to participate in the investigation may result in the dismissal of the complaint.

The Ethical Review Committee reserves the right to interview any person in reference to the complaint, whether or not such person is referenced in the original complaint or in the Respondent’s response. The Ethical Review Committee shall comply with federal confidentiality laws in relation to client/patients.

The Ethical Review Committee shall not be bound by the common law or statutory rules of evidence.

ETHICAL REVIEW COMMITTEE RESPONSIBILITIES POST INVESTIGATION

No less than 30 days from the conclusion of the investigation, the Ethical Review Committee shall forward to the chairperson of the Certification Board its written report. Their report shall include the following:

1. A summary of the case to include findings (violations of code of ethics if applicable;)
2. The rationale for the recommended determination and sanctions (if applicable);
3. The Ethical Review Committee’s recommendation(s) for the case may include the following:
   a. Dismissal of the charge(s);
   b. Reprimand and recommendation that certification/registration be granted;
   c. Recommendation certification/registration be denied; suspended or revoked;
   d. Recommendation certification/registration be denied, but with a specified time period for new application's to be considered.
   e. Apply sanctions or other corrective action as deemed by the Ethics Review Committee.
THE CERTIFICATION BOARD CHAIR AND THE DISPOSITION OF COMPLAINTS

The Certification Board Chair shall review the report(s) and recommendation(s) of the Ethics Review Committee. (Such review(s) may be conducted via electronic means, i.e. email, web-forums, teleconferences etc.)

The Certification Board Chair shall within thirty (30) days after receipt of Ethics Review Committee recommendations, issue written final disposition of the complaint to the Ethics Review Committee which may be one of the following actions:

1. Ratify (uphold) Ethics Review Committee’s findings, recommendations and sanctions.
2. Deny, suspend or revoke certification/registration;
3. Deny certification (new applicants or expired certification/registration only), but with a specific time period for a new application to be considered;
4. Return the report to the Ethical Review Committee for further consideration with specific directives.

The Respondent will be notified in writing by the Ethics Review Committee (as per directives of the CCBADC Chair) of findings, and sanctions. Additionally, the Respondent shall be notified in writing that the decision may be appealed.

APPEALS PROCESS

The Respondent may appeal the final Ethics Review Committee (as ratified by the CCBADC Chair-if applicable) decision (hereinafter “the Decision”) according to the "Appeal Process" as outlined below. The Respondent who files such an appeal is referred to as the “Appellant.”

The Appellant must submit a written request for an appeal to the CCABDC office within thirty (30) days from the date of the Decision.

Upon receipt of an appeal request, the CAADAC President shall appoint an Appeals Panel to review the Decision. The members of the Appeals Panel shall be full members and/or CCBADC certificants who were not part of the original Ethics Review Committee.

When hearing the appeal, the Appeals Panel may take any of the following actions:

1. Uphold the decision of the Ethics Review Committee’s decision as ratified by the Certification Board chair;
2. Rule that the Ethics Review Committee’s decision is valid, yet impose a lesser/greater form of censure;
3. Overrule the Ethics Review Committee’s decision, while still affirming the validity of the process;

The appeal process is for individuals who were denied registration/certification, for those denied certification/registration renewal, for individuals whose certification was suspended or revoked, or for any other ruling as made by the Ethics Review Committee and ratified by the CCBADC Chair.

The purpose of appeal is solely to determine if the Ethics Review Committee has accurately, adequately reviewed the applicant's complaint as per the aforementioned procedures and rendered a reasonable decision.

The President or his/her designate, shall, within thirty (30) days, transmit the appeal request to the appointed Appeals Panel which shall conduct a formal appeals hearing. The Appeals Panel shall schedule that hearing to occur within ninety (90) days of the receipt of the appeal request.

Notification of the time, place and date of the Appeals Panel hearing shall be sent via email, fax, postal service, delivery service or other like services), to the Appellant not less than 30 days prior to the hearing date.
The Appellant has the right to appear at the hearing, has the right to counsel, and has the right to have witnesses present. (Legal counsel is not allowed to speak on behalf of the Respondent, but may be present to advise his/her client.)

The appellant may choose to submit written testimony in lieu of his/her presence at the hearing; written testimony must be submitted at least five days prior to the hearing date. Failure to show up for the hearing or provide timely written testimony will automatically result in the appeal being dismissed and the Ethics Review Committee’s determination being upheld.

The Appeals Panel decision shall be made by majority vote. The Appeals Panel has ninety (90) days from the date it receives the appeal request to come to a final decision. The Appellant shall be notified in writing of the Appeal Panel’s decision within 15 days of the final decision. The findings and decision of the Appeals Panel are final.

The status of certification status (suspension/revocation/sanctions etc) will be posted on the public database (website registry); and will be posted until all sanctions are satisfactorily completed and submitted in writing and verified (if applicable.)

In compliance with state regulations and CCBADC policies, all complaints filed under these procedures are publically documented on the database (website) as “pending” until such time the case is resolved and/or decided upon; at such time the status of the certificant/registrant will be listed. Additionally, employers may be contacted per regulations as well. All certificants/registrants are required to cooperate as a condition of certification/registration. Failure to cooperate may result in immediate suspension of certification or registration; with no ability to appeal. Additionally, all registrants and certificants are required to comply with all state regulations including code of conduct.

A complete copy of CA State regulations regarding counselor certification can be found at: http://www.adp.ca.gov/Licensing/pdf/Final_Regulations.pdf
LAPSED CERTIFICATION FOR CADC I/II

DEFINITION of LAPSED CREDENTIAL:

1. A California CADC I/II credential that has been active for an approved two year period and has not been renewed at the expiration of that two year period.

2. A military or out of state credential that has been granted contingency reciprocity by California and given an expiration date to meet California certification standards and failed to do so by that expiration date.

3. A military or out of state credential that has been granted reciprocity and given an expiration date (original certification date) and the counselor fails to provide sufficient documentation for renewal.

4. A military or out of state certification that grants certification for more than a two year period will be limited to two years in the state of California. The applicant must renew certification at the assigned date to avoid a lapsed credential.

5. In case of certification sanctions, suspension or revocation the applicant is responsible to meet any and all contingencies that will result in further certification in California.

Opportunities to rectify lapsed credentials:

Pay all fees and penalties plus meet one of the following conditions:

1. Counselor must request in writing to be granted a six month extension from the current certification expiration date if certification renewal documentation will not be provided. An extension does not make the certification active, it is still considered expired, but the individual requesting the extension will not fall into a lapse period which may require one submit a full application, retake examinations etc. The individual will need to provide required CEH per renewal policy and pay fees per renewal application/policies.

2. If certification lapse is longer than six months but less than one year the counselor must request in writing for the opportunity to renew, however, the board may require additional education or activities in order to renew certification after lapsing for this period of time.

3. If certification lapse is longer than one year but less than two years the counselor must request in writing for the opportunity to sit for the written examination, which must be passed prior to allowing recertification. Note, this certification will be considered a new certification.

4. If certification lapse is longer than two years the counselor must request in writing for the opportunity to apply for certification as if an original applicant.

It is the counselor’s responsibility to follow the renewal guidelines and provide appropriate documentation for renewal or certification in a timely manner.
EDUCATION REQUIREMENTS DEFINED:

ACADEMIC CONTENT AREAS
(Minimum hours for each area are 45 (which is equal to 3 semester units.) The courses listed below are consistent with the 8 domains as outlined in the IC&RC Job Task Analysis. Additionally, the content areas below are not all inclusive, educational institutes have authority to offer additional courses, topics etc to their curriculum.

- Introduction and Overview: This course will examine the history of alcohol and other mood changing drugs in the US; the myths and stereotypes of alcohol/drug use; sociocultural factors that contribute to the use of drugs; and the patterns and progression of alcoholism.
  - Cultural/Lifestyle Consideration; norms and differences; issues specific to special populations (e.g., ethnic minorities, women, youth, elderly, homosexuality, physically disabled or impaired); the nature and extent of alcoholism/drug dependency problems among target populations.
  - Human Behavior: theories of personality and human development; emotional states (e.g., dependency, resentment, guild); theories of human needs and motivation; denial process.
  - Family Dynamics: Recognition of family roles, modalities of treatment; communication issues; role play.
  - Treatment and Recovery Approaches: Treatment and recovery modalities; (e.g., psychiatric, psychosocial, clinical; Alcoholics Anonymous (and other support groups); Aversion Therapy; medical modalities; behavioral modification, social models, drinking driver programs. (etc.)
  - Program Planning and Client Education: Goals and objectives; program policies and procedures; program strengths and limitations, service delivery planning, client education, lectures.

- Physiology and Pharmacology of Alcohol and Other Drugs
  - Examination of the effects of alcohol and similar legal psychoactive drugs to the body and behavior; damage to the body and behaviors; damage to the brain, liver and other organs.
  - Tolerance, cross tolerance, and synergistic effects.
  - Physiological differences between males and females.
  - Disease model including signs and symptoms, research, neurobiological, AMA definition, Jellinek’s work.

- Law and Ethics
  - Current legal sanctions; liabilities, auto accidents, bards, restaurants, liquor stores, traffic laws.
  - Specific issues regarding employment problems.
  - Patient rights; professional liability.
  - Code of conduct or ethical codes.
  - Legal and Regulatory Restrictions: federal confidentiality regulations; state regulations; potential hazards resulting from noncompliance with regulations: state and federal agencies.
  - Community prevention and education: the concepts of prevention, community education and outreach; education and prevention models; effectiveness of prevention strategies and training methods; adult education techniques.
  - Outreach: Businesses and clubs that can be used as identification and referral sources. Assessing needs for training and technical assistance.
  - Screening techniques: communication theories and techniques; interviewing techniques; considerations is assessing, client needs, resources, strengths and limitations. Identification of appropriateness and eligibility.
  - Intervention and referral: emphasis on the chronic disease model and recovery process. Continuum of care issues, including employee assistance programs; information and referral; detoxification; various treatment modalities etc.
  - Crisis Counseling Techniques and theories: The signs and symptoms of potential suicide, aggression and other self destructive behaviors.
Case Management; Assessment, Orientation, Treatment Planning and Relapse Prevention/Aftercare Planning

- Initial intake and case management: administrative requirements for admission, interpersonal dynamic and potential influence of client behaviors; signs and symptoms of physical disabilities, assessment of potential violence, self harm, activities that bring agencies, resources of people together within a planned framework of action toward the achievement of established goals; including alcohol/drug history, vocational, cultural, educational background, lifestyle, living situation, medical, strengths and weaknesses for the development of a treatment plan.
- Orientation: General nature and goals of the program; rules governing conduct, infractions that can lead to disciplinary action or discharge, hours of services, costs, clients rights, etc.
- Treatment/Recovery Planning: the components of a treatment plan; problem solving models and processes; theories and behavioral components of change; techniques used in behavioral contracts; the stages of recovery; identification of problems, ranking problems, realistic and unrealistic treatment goals at various stages of recovery; the value of participant concurrence or expresses disagreement in the process; how to organize client information for presentation to other professionals, case presentation procedures.
- Reports and Record keeping: Charting the results of the assessments; treatment plans; writing reports, progress notes, discharge summaries, and other client related data. (Practical application is required.)
- Aftercare and follow up: the role of aftercare in the treatment process; the role and importance of client follow up; relapse dynamics; self help groups and/or support groups. (AA, NA etc.)
- Consultation and Referral: Alternative resources available to provide treatment and supportive services; roles and functions of individuals in resources agencies and their position in the decision making process; advocacy techniques; assessing the need for consultation and referral; identifying counselor limits and scope of practice.

Individual, Group and Family Counseling

- Counseling is a relationship in which the counselor helps the client mobilizes resources to resolve his/her problems and/or to modify attitudes and values.
- Exploration of a problems, its ramifications and examination of attitudes and feeling; consideration of alternative solutions; decision making; therapeutic approaches, (e.g., Reality Therapy, RET; Brief Therapy; Motivational interviewing; etc.)
- Family Counseling: (All family counseling must be relative to substance abuse issues.) Theories of family codependency; techniques for motivation family involvement in the treatment process; techniques of multi family group counseling; working with family therapists, selecting therapists for family work; counselor identification of limitations relating to family issues.
- Group Counseling: Purpose and function of different types of counseling groups; models of group; group techniques; stages of group; group intervention, group patterns; therapeutic factors in groups; expression, commitment, process groups, didactic training; role of the counselor; group orientation.
- This course must include practical applications in role play settings.

Personal and Professional Growth:

- Counselor burnout; signs and symptoms; early warning signs; unique needs of the recovering counselor; prevention techniques.
- Personal and Professional Growth: recognizing personal strengths, limitations and knowledge to promote professional growth; importance of stress management; relaxation techniques; leisure skills, exercise; proper nutritional; time management etc.
- The recovering counselor: “two hats” and the limitations and liability. (Include ethical situations.)
- Professional Growth: Ethics and professional conduct/standards; consultations, counselor support and performance; the skills of a successful helper; on going education and training; translation of the code of ethics into professional behavior.
- Certification requirements: Outline and review of the California Certification Board of Alcohol/Drug Counselors (CCBADC) career path. Review the State of California Counselor Regulations and code of conduct.
- Professional contacts and organizations.
☐ **Supervised Practicum:**
  ° This course consists of (45) classroom hours. The course includes supervision by a qualified instructor and includes direct supervision. The instructor must also be available for consultation while student is completing field work requirements.

☐ **Supervised Field Work Practicum (Internship)**
  ° A minimum requirement of 255 hours of practical experiences performed at an agency approved by the aforementioned instructor. The student must complete all of the 12 Core functions at internship site. Each core function requires a minimum of 21 hours practicum. The application of knowledge and skills in a practice setting is essential to professional counseling. The field work is the means by which students learn to apply and integrate acquired knowledge and values; and to refine skills that are taught in the classroom.

**Breakdown of Internship Hours:**
- Supervised Practicum Course (Classroom) 45 Hours
- Supervised Field Work (Internship) in the Core Functions: 252 Hours
- Agency Orientation: 3 Hours

Total: 300 Hours
CCBADC Complies with IC&RC ADA Policy as follows:

All reasonable accommodation requests must be filed with the member board in writing, with official documentation attached to verify the disability claimed. It is the decision of the board whether to grant accommodation and the type of reasonable accommodation to provide. As noted earlier, staff remain available to help boards comply with ADA requirements, including reviewing requests and suggesting the most appropriate course of action.

Purpose

These guidelines ensure equitable and fair treatment for candidates with documented needs for reasonable accommodations in taking board-conducted professional licensing and/or certification examinations.

Need for Reasonable Accommodation

Reasonable accommodation shall be made for candidates whose disabilities will otherwise place them at an unfair disadvantage in the examination. Accommodations are considered only to the extent necessary to give the candidate with disabilities a fair and equal opportunity to demonstrate his/her mastery of skills and attainment of knowledge in the examination content. Reasonable accommodations vary according to the type of and degree of disability. Decisions on the accommodations are made on an individual basis and shall depend on the disability, documentation provided, and the nature of the examination.

Definitions of Disabilities

The Americans With Disabilities Act (ADA) defines a person with a disability as “any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such impairment, or is regarded as having such an impairment.” This definition includes, but is not limited to, individuals who have been identified as:

- Blind
- Deaf
- Hard of Hearing
- Learning Disabled
- Multiply Disabled
- Orthopedically Impaired
- Visually Impaired
- Other Health Impaired.

Criteria for Reasonable Accommodations

Individuals meeting one or more of the above definitions may be considered disabled and eligible for reasonable accommodations in board-conducted professional licensing and/or certification examinations. Also, individuals classified as disabled in another state, province, or country may be considered disabled by a member board.

A temporary disability (e.g., broken arm) is not considered a disabling condition under the above definition. Nevertheless, candidates having temporary disabilities that will hinder their test performance also may request reasonable accommodations for board-conducted licensing and/or certification examinations.

Documentation

Qualified candidates requesting reasonable accommodations because of disabilities must provide (at their own expense) acceptable documentation of the condition/disability. Documentation must be provided that specifies the extent to which routine testing procedures need to be modified. This will illustrate how these accommodations will prevent candidate’s disabilities from interfering with the opportunity to demonstrate his/her knowledge, skills or abilities on board-conducted professional licensing and/or certification examinations. All candidates requesting reasonable accommodations must complete and submit the Request for Reasonable Accommodations Form. A sample form may be found at the back of this booklet.

In addition to submitting the request form, candidates must provide all medical, psychological, or educational evaluations that were used by professional healthcare providers in determining any reasonable testing
accommodations. Candidates that have had reasonable accommodations in their professional program of study also must have either the Department Chairperson of the professional program or the program’s Coordinator for Individuals with Disabilities, provide a letter. This letter shall explain the extent to which the candidate’s disabilities require reasonable testing accommodations, the types of accommodations made for the candidate while in study at the school, and the justifications for those reasonable accommodations.

Candidates requesting reasonable testing accommodations who have developed a disability or have been identified as having a disability subsequent to the completion of his/her professional program of study, or who have completed this professional program more than one year prior to taking the exam, must provide a completed request form as well as current (within the last year) documentation as follows:

- Candidates with newly identified physical and/or medical disabilities must provide detailed letters/reports from appropriate physicians or other licensed professional health-care providers who have diagnosed and/or treated the candidates’ physical/medical disabilities. The letters/reports must state the nature and extent of the candidates’ disabilities, all recommendations for reasonable testing accommodations, and provide explanations as to how and why the recommended accommodations are justified and necessitated by the candidates’ disabilities.
- Candidates who have newly identified psychological and/or learning disabilities must provide reports of the results of appropriate professional evaluations (e.g., psycho-educational reports). These reports shall provide diagnoses and classifications of the disabilities, all recommendations for reasonable testing accommodations, and provide explanations of how and why the recommended accommodations are justified and necessitated by the candidates’ disabilities.

Reasonable testing accommodations are made to afford candidates with disabilities opportunities equal to those of non-disabled candidates. This allows disabled candidates to demonstrate the required knowledge, skills, or other professional-related requirements. Of primary concern in determining reasonable accommodations is the extent to which candidates’ documentation defines the precise limitations imposed by the disabilities. Documentation also demonstrates how proposed reasonable accommodations minimize and overcome these limitations without compromising the integrity of the examination or providing disabled candidates with an advantage over non-disabled candidates.

Documentation provided by candidates with disabilities is confidential, will be kept in secure files for five years, and then securely destroyed. A new request form and additional documentation will be required if candidates request changes in accommodations.

**Timelines for Submission of Documentation**
The Request for Reasonable Testing Accommodations form and supporting documentation for reasonable accommodations should be submitted at the same time as the application for an examination is made. These materials should be sent with the application to the test administration vendor listed in the application packet.

**Reasonable Accommodations for Candidates with Disabilities**
The following descriptions identify some of the types of conditions warranting accommodations and provide examples of the nature of possible accommodations.

**Visual Impairment**

1) **Blind.** This includes candidates without vision or those with unreliable vision who may need to rely on tactile and/or aural means to obtain information (instructions and questions) during the examination. Additionally, modifications in the usual mode of examination response (i.e., paper and pencil recording) may need to be made. This allows candidates to either record their own responses or have responses recorded for them (e.g., by a scribe). The following accommodations may be considered for blind candidates:

- brailed booklets
- tape-recorded booklets
- a reader
- a scribe
- recording devises for recording answers
- manual bailer for note taking
- calculating devises, such as abacus or “talking” calculator
- a "talking" computer
- a personal tape recorder for note taking
- extra time
- an individual proctor
- test location accessible by mass transit

2) Partially sighted or low vision. Candidates with low or limited vision may be able to perform gross visual tasks but may have difficulty with detailed visual tasks, such as printed materials, graphs, charts, diagrams, etc. A candidate’s speed, endurance, and precision also may be detrimentally affected by visual disabilities. Depending upon the degree and type of disability, a candidate may need a reader or other aural means to obtain information (instructions and questions) during the examination. In some cases, modifications in the usual mode of examination response (i.e., paper and pencil recording) need to be made. This allows individuals to record their own answers or have their responses recorded for them by a scribe. The following accommodations may be considered for candidates with partial sight or low vision:

- brailed booklets
- tape recorded booklets
- mechanical enlarging or magnifying equipment
- a reader
- a scribe
- recording devise for recording answers
- manual bailer for note taking
- calculating devises, such as abacus or “talking” calculator
- a ‘talking” computer
- a personal tape recorder for note taking
- “magic marker” or black crayon for note taking
- previsions for special lighting
- extra time
- an individual proctor
- test location accessible by mass transit
- large print exam forms

Hearing Impairment
1) Prelingual deafness. (Deafness occurring prior to the development of language.) Candidates who are prelingually deaf may have limited language concepts that cause them difficulty in comprehending some materials in standard English. They may need to receive instructions either in print or through sign language, which may be furnished through an interpreter for the deaf who actually translates standard English into the language familiar to the candidate. The following accommodations may be considered for pre-lingually deaf candidates:

- written instructions for all parts of the testing sessions
- extra time
- an individual proctor
- an interpreter

2) Postlingual deafness/hearing impairment. These candidates usually function the same as non-disabled candidates with respect to written material, but may require accommodation with respect to oral test instructions. Candidates should be seated where they have a clear view of the examination
administrator giving instructions. The following accommodations may be considered for postlingually deaf/hearing impaired candidates:
- written instructions for all parts of the testing sessions
- an interpreter
- special seating

**Learning Disabilities**
Candidates with learning disabilities may exhibit disorders in one or more of the basic psychological processes involved in understanding or using written or spoken language. Such disabilities may cause difficulties in listening, thinking, speaking, reading, writing, spelling, or performing mathematical calculations. Inability to read because of mental retardation does not fall into this category.

The following accommodations may be considered for candidates with learning disabilities:
- a reader
- tape-recorded booklets
- extra time
- an individual proctor
- a scribe
- typewriter or word processor
- recording devices for recording answers
- a personal tape recorder for note taking

**Manipulative/Writing Disabilities**
Candidates with manipulative/writing disabilities may be permitted accommodations only in the recording of their responses, not in reading the test questions. The following accommodations may be considered for candidates with manipulative/writing disabilities:
- a scribe
- recording devices for recording answers
- typewriter or word processor
- extra time
- an individual proctor
- “magic marker” or black crayon for note taking

**Health Impairment**
Health impaired candidates may exhibit medical problems and/or limited physical tolerance. They may require frequent rest periods or breaks during the examination to change position, use the lavatory, or to rest. The following accommodations may be considered for candidates with health impairments:
- special timing (e.g., 10-minute rest periods during each hour plus 30-minute rest periods after three and one-half hours); rest periods not to count toward total test time allowance.
- breaks for use of the restroom or lavatory facilities; time not to be counted toward total test time allowance
- an individual proctor
- special seating
- test location near home

**Orthopedic Impairment**
Candidates with orthopedic impairments may have limited ambulation and/or mobility. The following accommodations may be considered for candidates with orthopedic impairments:

- test facilities accessible to persons with mobility disabilities (e.g., wheelchair accessible)
- parking arrangements
- bathroom facilities accessible to persons in wheelchairs
- table or desk at appropriate height and with sufficient clearance to permit comfortable work for persons in wheelchairs
- sturdy armchair and table for ambulatory persons with crutches, canes, etc.
- exam center accessible by mass transit
- exam rooms as close as possible to entrance and elevators.

**Mental Impairment**
Candidates with emotional or mental impairments that substantially limit major life activities may be provided reasonable accommodations for the examination. Such emotional/mental impairments may be exhibited in interpersonal relationships, by inappropriate types of behavior or feelings under normal circumstance, alterations in mood, and/or tendencies to develop physical symptoms or fears associated with personal problems. The following accommodations may be considered for these candidates:

- extra time
- separate or special seating